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Our Docket No. CP 102

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MESSAGE:

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:

Jane C. Hirsch, et al.

Serial No.:

09/858,016

Group Art Unit: 1616

Filed:

May 15, 2001

Examiner: Sharmila S. Gollamudi

For:

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Pharmaceutical Composition for Both Intraoral and Oral Administration

Under the Paperwork Reduction Act of 1995.	enoetad on	are required to respond to a collection	and Trademark Office	e: U.S. DI	PTC/SB/21 (08-03) h 07/31/2006. OMB 0651-0031 EPARTMENT OF COMMERCE vs a valid OMB control number.	
		Application Number	09/858,016			
TRANSMITTAL		Filing Date	May 15, 200	May 15, 2001		
FORM		First Named Inventor	Jane C. Hirsch			
(to be used for all correspondence after initial filing)		Art Unit	1616			
		Examiner Name	Sharmila S. Gollamudi			
Total Number of Pages in This Submission		Altorney Docket Number	CP 102			
	ENCL	OSURES (Check all that	appiy)			
Fee Transmittal Form Fee Attached	<u> </u>	orawing(s) Icensing-related Papers	L to 0	Group peal Con Appeals :	nnce communication nmunication to Board and Interferences	
Amendment/Repty	1 ——	Petition			nmunicalion to Group ce, Brief, Reply Brief)	
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Information Disclosure Statement		CD, Number of CD(s)				
Certified Copy of Priority	Remar	ks				
Document(s) Response to Missing Parts/						
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Response to Missing Parts under 37 CFR 1.52 or 1.53						
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Firm Patrea L Pabst, Esq. / Individual name 400 Colony Square S	-		ıp LLP			
Individual name 400 Colony Square, Si Signature	1200	, Awaita, GA 30301				
Date May 24, 2004	_					
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FEE TRANSMITTAL

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50-3129

Pabst Patent Group LLP

Effective 10/01/2003. Patent fees are subject to ennual revision.

Applicant claims small entity status. See 37 CFR 1.27

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FEE CALCULATION

Fee Description

Utility filing fee

Design filing fee

Plant filing fee

Relssue filing fee

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

-25" =

-3×× ≤

Small Entity

Code (\$)

2202

2201 43

2204 43

2203 145

Ext<u>ra Claim</u>s

Provisional filing fee

Fee Description

Claims in excess of 20

Independent claims in excess of 3

** Relssue independent claims over original patent

Multiple dependent claim, if not paid

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2001 385

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1. BASIC FILING FEE

arge Entity Small Entity

Fee Fee Code (\$)

1001 770

1002 340

1003 530

1004 770

1005 160

Total Claims

Independent

Large Entity_

Fee Fee Code (5)

1203 290

86

1202 18

1201 66

1204

Claims —= Multiple Dependent

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Under the Paperwork Reduction Act of 1996, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known 09/858.016 Application Number May 15, 2001 Filing Date Jane C. Hirsch First Named Inventor Sharmila S. Gollamudi Examiner Name 1616 Art Unit **CP 102** Attorney Docket No. FEE CALCULATION (continued) 3. ADDITIONAL FEES Large Entity , Small Entity Fee Fee Description Code (\$) Code (\$) Fee Paid 2051 65 Surcharge - late filling fee or oath 1051 130 Surcharge - late provisional filing fee or 1052 50 2052 cover sheet 130 Non-English specification 1053 1053 130 1812 2,520 For filing a request for ex parte reexamination 1812 2,520 920* Requesting publication of SIR prior to Examiner action 9201 1804 1805 1,840" Requesting publication of SIR after 1805 1.8401 Examiner action 55 Extension for reply within first month 1251 110 2251 210 Extension for reply within second month 1252 420 2252 475 Extension for reply within third month 1253 950 2253 1254 1,480 2254 740 Extension for reply within fourth month 2255 1,005 Extension for reply within fifth month 1255 2010 165 2401 165 Notice of Appeal 1401 330 1402 330 2402 165 Filing a brief in support of an appeal 145 Request for oral hearing 1403 290 2403 1,510 Petition to institute a public use proceeding 1451 1.510 1451 2452 55 Petition to revive - unavoldable 1452 110 1453 1,330 2453 665 Petition to revive - unintentional 1501 1,330 2501 665 Utility issue fee (or reissue) 240 Design issue fêê 1502 2502 480 640 2503 320 Plant issue fee 1503 130 Petitions to the Commissioner 1480 130 1460 50 Processing fee under 37 CFR 1.17(q) 1807 50 1807 180 Submission of Information Disclosure Stmt 1806 180 1806 40 Recording each patent assignment per 40 8021 8021 property (times number of properties) 385 Filing a submission after final rejection (37 CFR 1.129(a)) 2809 1809 770

385 For each additional invention to be examined (37 CFR 1.129(b))

385 Request for Continued Examination (RCE)

1205 18	18 2205 9 ** Relssue claims in excess of 20 and over original patent			gn application	
**or number p		UBTOTAL (2) paid. if greater; For Reis	(\$) 0 spes, see above	Other fee (specify) *Reduced by Basic Filing Fee Paid	SUBTOTAL (3) (\$) 165
SUBMITTED BY					(Complete (d spplicable))
Name (Print/Type)		Patrea L. Pabst	<i>X</i> .	Registration No. 31,284	Telephone (404) 879-2151
Signature					Date 5/24/2004

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1450, Alexandria, VA 22313-1450*	09/858,0	Application Number 09/858,016		001		
Signature	For Pharmaceutical Composition for Both Intraoral and Oral Administration					
Typed or printed See Certificate of Fax Transmittal	Art Unit	nt Unit Examin 1616 Shar		lamudi		
Applicant hereby appeals to the Board of Patent Appeals and Interferen	nces from the last	decision of the ex	kaminer.			
The fee for this Notice of Appeal is (37 CFR 1.17(b))			s_330			
Applicant claims small entity status. See 37 CFR 1.27. Therefore by half, and the resulting fee is:	, the fee shown a	ibove is reduced	\$ <u>165</u>			
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The Director is hereby authorized to charge any fees which may to Deposit Account No I have enclose	be required, or co sed a duplicate co	redit any overpayr opy of this sheet.	menl			
A petition for an extension of time under 37 CFR 1.136(a) (PTO)	SB/22) is enclose	ed.				
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applicant/Inventor.		<u> </u>	Signature			
assignee of record of the entire interest.		Patr	ea L. Pabst			
See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)		Typed or printed name				
attorney or agent of record. 31,284		(404) 879-2151 Telephone number				
Registration number	-, •					
attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a).		May 24, 2004 Date				
NOTE: Signatures of all the inventors or assignees of record of the e Submit multiple forms if more than one signature is required, see bel	ntire interest or th	neir representative	e(s) are required.			

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